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27975 7590 02/13/2006

ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST P.A.
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05/02/2006 WABDELR3 00000011 10749134

01 FC:1501 1400.00 OP
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Justin Garel	(Depositor's name)
Justin Garel	(Signature)
April 27, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,134	12/30/2003	Angelo Magni ¹	02CT20753422	3843

TITLE OF INVENTION: VERTICAL-CONDUCTION AND PLANAR-STRUCTURE MOS DEVICE WITH A DOUBLE THICKNESS OF GATE OXIDE AND METHOD FOR REALIZING POWER VERTICAL MOS TRANSISTORS WITH IMPROVED STATIC AND DYNAMIC PERFORMANCES AND HIGH SCALING DOWN DENSITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/15/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MANDALA, VICTOR A	2826	438-194000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LISA K. JORGENSEN;
2. ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STMICROELECTRONICS S.r.l.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AGRATE BRIANZA, ITALY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0484 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date April 27, 2006

Typed or printed name CHRISTOPHER F. REGAN

Registration No. 34,986

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